

Clayton County Sheriff's Office

Use of Force Report

Incident Date: April 27, 2020	Case #: <u>N/A</u>
Type of Force	The following documentation is attached, as appropriate: ⊠ Incident Report ⊠ Supplemental
Pepper Spray	☐ Witness Statement ☐ Photos
Compliance Pain	
Compliance Escort	Injuries: report any documented / treatable injury:
☐ K-9	Officer Injured: Yes No
☐ Impact Weapon	Offender Injured: Yes No
Firearm Display	
Firearm Discharge	Location of Incident:
Restraint Device: Safety Restraint Chair	Intake
Other:	
Indicate Type of Activity Attempting Arrest	Name of Subject / Inmate:
☐ Traffic Stop	
Signal 29 Fight in Progress	
☐ Handling – Custody of Prisoner	
Ambush – No Warning	Personnel Involved:
Signal 24 Mentally Disturbed	The state of the s
Signal 50 Person Shot	
Signal 51 Person Stabbed	
Signal 53 Suicide / Suicide Attempt	
Signal 54 Suspicious Person	
Signal 86 Domestic Call	
☐ Temporary Protective Order	
Non-Compliant Inmate	
Officer Assault	Supervisor Preparing Report: Employee #
Other: Resisting Escort	
No.	

Notice:

Anyone present at time of Use of Force must submit supplemental report indicating participation and / or observations.